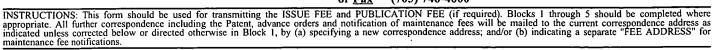
PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. **KENYON & KENYON** 1500 K STREET, N.W., SUITE 700 WASHINGTON, DC 20005 01/12/2005 NNGUYEN2 00000108 110600 09893871 (Depositor's name (Signature 1400.00 DA 01 FC:1501 02 FC:1504 03 FC:8001 300.00 DA (Date 30.00 DA APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/893,871 06/29/2001 Thomas D. Fletcher 2207/11273 6547 TITLE OF INVENTION: MULTISTAGE CLOCK DELAY CIRCUIT AND METHOD SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE XXXXX XXXXX \$300 02/10/2005 NO nonprovisional \$1,700.00 400-00 CLASS-SUBCLASS EXAMINER ART UNIT 713-001000 DU, THUAN N 2116 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. KENYON & KENYON (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Santa Clara, Calif. INTEL CORPORATION Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual Corporation or other private group entity ☐ Government 4a. The following fce(s) are enclosed: 4b. Payment of Fee(s) Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

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Authorized Signature &

11 Jan. 2005

Kenneth R. Corsello Typed or printed name _

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

38,115 Registration No.

■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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